

South Carolina Department of Social Services  
**2008 FUNDING REQUEST FOR RENTAL ASSISTANCE FOR TRANSITION**

**RAFT**

*A partnership between State Housing Finance and Development Authority  
and the South Carolina Department of Social Services*

**DEMOGRAPHIC INFORMATION**

Youth's County of Origin: \_\_\_\_\_

County or Regional Office Submitting Application: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

**Youth's Information**

Name of Youth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Date Entered Foster Care: \_\_\_\_\_ Race: \_\_\_\_\_

☐ 18 Years or Above In Care ☐ 18 Years or Above and Out of Care

Name of Current Foster Placement: \_\_\_\_\_

Is the youth employed? ☐ Yes ☐ No If so: ☐ Full Time or ☐ Part Time

What is the youth's monthly income? \$ \_\_\_\_\_

How did you verify the monthly income? \_\_\_\_\_  
(Attach a copy of the budget analysis that was completed with the youth.)

What is the date of the most recent transition planning meeting held with the youth and significant others to prepare the youth for transition from foster care and to support permanent connections? \_\_\_\_\_

Comments: \_\_\_\_\_

Please check all applicable categories that apply to the youth applicant:

- ☐ Youth is between ages 18-21 and aging out of foster care
- ☐ Youth is pregnant or parenting
- ☐ Youth has a disability
- ☐ Youth is homeless or at risk of homelessness
- ☐ Youth has plans to live in a specialized transitional home for young adults
- ☐ Youth is in college and needs summer housing

Amount of Monthly Rent Requested: \$ \_\_\_\_\_

Number of Months of Assistance Requested: \_\_\_\_\_

Amount of Temporary Emergency Assistance Requested: \$ \_\_\_\_\_

**All of the following signatures are required:**

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County or Regional Supervisor's Signature

\_\_\_\_\_  
Date

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**(State Office Use Only)**

Amount Approved for 6 Full Months of Rent: \$ \_\_\_\_\_

Amount Approved for 6 Months on De-escalating Scale: \$ \_\_\_\_\_

Amount Approved for 12 Full Months of Rent: \$ \_\_\_\_\_

Amount Approved for \_\_\_\_\_ Months of Rent: \$ \_\_\_\_\_

Amount Approved for Temporary Emergency Assistance: \$ \_\_\_\_\_

Amount Approved for Youth in College for Interim Summer Housing: \$ \_\_\_\_\_

\_\_\_\_\_  
Independent Living Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Independent Living Supervisor

\_\_\_\_\_  
Date

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**Instructions for Accessing RAFT (Rental Assistance for Transition)**

The RAFT form is to be used when requesting rental assistance, temporary emergency assistance, and assistance for youth who need interim summer housing while in college.

DSS Form 30198 will continue to be used to request Chafee funds for emancipation assistance with rental deposits, rental fees, utility deposits, and furniture.

For youth in foster care with plans of emancipation, assess youth's situation as is done when requesting Chafee funds and completing DSS Form 30198. Begin transition planning meetings with youth and significant others, particularly permanent connections, to build a support system for youth. Record the most recent transition planning meeting date on the RAFT form.

If youth has already emancipated from foster care, complete a P.A.T.T.Y. interview with the youth and complete DSS Form 30206 with youth before completing the RAFT form. Youth may be in need of other services in addition to the rental assistance.

If youth is working or has reportable income, include the amount of income monthly in the space provided. Record how you verified income. If youth has no income, record *no income*. Of note, SSI will not affect a youth's eligibility for rental assistance. It is necessary to complete a budget analysis (DSS Form 30238) with the youth and to attach a copy to the application.

Searches for affordable housing can be conducted at **[www.SCHousingSearch.com](http://www.SCHousingSearch.com)**, a service of SC State Housing Finance and Development Authority. Help youth build skills in using the housing search and in identifying other housing resources in the community. Encourage youth to prepare realistic budgets and to identify responsible roommates to help share in housing cost.

If you have questions, contact the Independent Living Coordinator for your area or David Dietz, IL Coordinator for Housing at (803) 898-7209 or **[david.dietz@dss.sc.gov](mailto:david.dietz@dss.sc.gov)**.

Mail or fax completed RAFT form to the attention of the IL Coordinator for your county or regional office and Chafee Independent Living Program, SCDSS – Division of Human Services, State Office.